



KENTUCKY BOARD OF LICENSURE FOR PASTORAL COUNSELORS

P.O. Box 1360, Frankfort, Kentucky 40602 ~ 911 Leawood Drive, Frankfort, Kentucky 40601
(502)564-3296 ~ <http://klpc.ky.gov>

LICENSURE AS A PASTORAL COUNSELOR APPLICATION 1

APPLICATION INSTRUCTIONS

1. This application is to be used with Microsoft Word.
2. Press the TAB key to skip to the next field.
3. Once you have completed the form, you must print the form, and apply your handwritten signature. Application forms submitted without the appropriate signatures will be returned.
4. The completed application may be submitted to the Kentucky Board of Licensure for Pastoral Counselors either by mail to P.O. Box 1360, Frankfort, Kentucky 40602 or by delivery to 911 Leawood Drive, Frankfort, Kentucky 40601.



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Application-1 for Licensure as a Pastoral Counselor for Fellows and Diplomates of the American Association of Pastoral Counselors.

FOR OFFICE USE ONLY

Date _____
ICR Number: _____
Amount _____
Board Review Date _____
Approved _____
Denied _____
Reviewer's Initials _____

SECTION 1

1. Name: Last _____ First _____ Middle _____
2. _____ 3. - - 4. / /
Maiden or any other name ever used Social Security Number Date of Birth
5. _____ () -
Address: Street City State Zip Code Home Phone Number
_____ () -
Business Address Work Phone Number
6. Have you ever been convicted of a felony or a misdemeanor involving moral turpitude (including driving while intoxicated, not including traffic violations) under the laws of any state or of the United States? ☐ Yes ☐ No.
If yes, what offense? _____
(Send Supporting Documentation)
7. Have you ever been discharged or resigned for alleged misconduct or unsatisfactory service from any employment position, from any professional training program, or from any educational program of any college or university?
☐ Yes ☐ No. If yes, explain: _____
8. Are you credentialed as a Pastoral Counselor, or its equivalent, by any other state? ☐ Yes ☐ No.
If Yes, where: _____
9. Do you hold membership in the Kentucky Association of Pastoral Counselors? ☐ Yes ☐ No.
10. Are you a member in good standing with the American Association of Pastoral Counselors? ☐ Yes ☐ No.
(If yes, you are not required to complete the endorsement section.)
11. What is your level of certification with the American Association of Pastoral Counselors? _____
12. What is your American Association of Pastoral Counselors membership number? _____

APPLICANT'S AFFIDAVIT

I, the applicant name in the above, do hereby certify under penalty of law, that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose any such misrepresentation or falsification, my application could be rejected or my certification revoked by the Board.

Applicant's Signature: _____ Date: _____